

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H		10/10/01
O.I.P.E. CLASSIFIER			10/10/01
FORMALITY REVIEW	A.T	10-11	10/10/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Cancelled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/27/01
2	✓		9/27/01
3	✓		9/27/01
4	✓		9/27/01
5	✓		9/27/01
6	✓		9/27/01
7	✓		9/27/01
8	✓		9/27/01
9	✓		9/27/01
10			9/27/01
11	✓	N	9/27/01
12	✓	M	9/27/01
13	✓	M	9/27/01
14	✓	N	9/27/01
15	✓	M	9/27/01
16	✓	N	9/27/01
17	✓	M	9/27/01
18	✓	V	9/27/01
19	✓	V	9/27/01
20	✓	V	9/27/01
21	N	V	9/27/01
22	M	V	9/27/01
23	W	V	9/27/01
24	N	V	9/27/01
25	N	V	9/27/01
26	P	V	9/27/01
27	N	V	9/27/01
28	N	V	9/27/01
29	N	V	9/27/01
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If more than 150 claims or 10 actions  
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10/10/01